

**Dr. Nandamuri Taraka Rama Rao Vaidya Seva Trust****Dr NTR Vaidya Seva Trust**

D.No. 241, MGM Capital Building, Near NRI Junction, Beside Little Village Restaurant,
Beside Little Village Restaurant, Chinnakakani, Mangalagiri, Guntur District, Pin: 522508.
Phone No: 0863 - 2222802 / 2259861.

APPROVAL FOR CASHLESS FACILITY

Claim No. : APTRUST/EGI/2024/2/04463510

Date : 01/10/2024 11:33:43

The network hospital **SANJIVI INSTITUTE OF ORTHOPAEDICS AND SUPERSPECIALITIES PVT.LTD** Code SIO-KKD which has admitted Mr/Ms Kumara Lalitha (the patient) on 25/09/2024 04:08:39 having Health/White/TAP/RAP card no. **JAP042304300023/01** and belonging to district **EAST GODAVARI**, suffering from **AVN RIGHT** having given consent for **Surgery for Avascular Necrosis Of Femoral Head -Core Decompression (S5.4.5)** surgery/therapy is hereby **AUTHORISED** to undertake the procedure/treatment subject to the maximum package rate of **20000** and send the bills for the claim after the discharge.

Authorised Signatory

(Panel Doctor)

Panel Doctor

Name : Panel doctor (Dr NTR Vaidya Seva Trust)

Date: 26-Sep-2024 03:09 PM

Seal :

A/S → 20,000



BILLING CARD

MM/ PRINT / 0007 / BILL / FO

Patient Name K. Lalitha: 26/FD.O.A. 11/19/24IP No. 498D.O.A. 25/9/24 Time 1:11 PMRoom No. Femal general ward"A" SRS:- BR Lateral AVN of Femur head

Rent Per Day _____

TRANSFER DETAILS

Date	Time	From	To	Sister Signature
25/9/24	1:30pm	EMR	Femal ward	P. Sankar 0017
27/9/24	6:00pm	Femal ward	OT	K. Baby Mani 0082
27/9/24	7:15pm	OT	SIU	manu 0003
27/9/24	11 pm	SIU	F/W	Prasanna 0107

OPERATION THEATRE

Date	: 27/9/24	OT No.	: I
Surgeon	: DR. Arunkumar	Start Time	: 6:15 pm
I Asst. Surgeon	: -	End Time	: 7: pm
II Asst. Surgeon	: -	Dis. Pack	: -
III Asst. Surgeon	: -	Diathermy	: 6:20pm to 6:30pm
Anaesthetist	: DR. Kusuma	C-Arm	: 6:120pm to 7: pm
OT Nurse	: mani	Arthroscopy	: -
Name of Surgery	: (Rt) femur head.	Laprosopy	: -
	: core compression.	Sevoflurane / Isoflurane	: -
	: AVN Avascular necrosis.	Inj. Fentanyl	: -
		Others	: -

MONITOR

INFUSION PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
27/9/24	7:55pm	27/9/24	11 pm				

OXYGEN

SYRINGE PUMP

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

VENTILATOR

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect

OPERATION THEATRE	
Date :	OT. No. :
Surgeon :	Start Time :
I Asst. Surgeon :	End Time :
II Asst. Surgeon :	Dis. Pack :
III Asst. Surgeon :	Diathermy :
Anaesthetist :	C-Arm :
OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy :
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

[illegible]

RADIOLOGY - ECG / ECHO / X-RAY / USG / CT / MRI / DRP / BIO-DOPPLER

1/10/24 post op x-ray Rt Femur

CBG

CBG

Date

PHYSIOTHERAPY

NEBULIZER

NEBULIZER

